V-201-4 II Formuly 107 A CPB Pay. 9/4/37

### GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF LICENSES AND INSPECTIONS

SEP 17 1958

LICENSE AND PERMIT DIVISION PERMIT BRANCH

Date CASE NO 20867

P-4178

## APPLICATION FOR CERTIFICATE OF OCCUPANCY—RESIDENTIAL PERMIT SECTION (WRITE, WITH TYPF VRITER OR INK)

X	USE this form if Certific ing or Tenement House, Day		for Hotel, Flat or Apartn Club, Convalescent Rome	•								
İ	Use,	•	·		I W.	13 13 13						
1	To the Director of Inspecti	(ON ;	Date Septembe	3E TAT TABB								
Issued	The applicant(s) reques premises described below, an District of Columbia, and an tion and on any Certificate of	id agrees to comply ly terms and condit	tions appearing on BOTH	and regulations of the sides of this app		HAT APPLICATE						
	Full Name of Owner(s) of B	usiness THOM (Phint)	MAS J. LONG, and NETLLE (FIRST) (MIDDLE)	G. LONG	14. jan 17. čř. 18. už							
	Description	on of Premises for w	hich Certificate is Requeste	$\stackrel{\bullet}{\sim}$ d	A S							
	Address 1934 35th Place	oe Nalia	Nellie G. 101	Square E 1296		E S. C.						
	Name and address of owner o	f building .THOMAS	.J. LONG. and/1. 1359	Fark Road.N.N.	الله الله الله الله الله الله الله الله	N S						
	To the best of your knowledg	••				υ, - <u></u>						
	Material of buildingbri					NC						
	Proposed useflat					XEC						
( D No. )	Which Floor(s) will be occup Provious use	INFORMATION	Vill applicant reside on t	he premises?THIS APPLICATIO								
24 42		IF OWNER	OF BUSINESS SIGNS:	1 9.2 	3							
ç	Uso District	1 1	Owner		1 -	· .						
Å	Area District	Home Addre		Tel. No								
3	Transcript of No	Home Addre	33	Tel. No.		.,						
7	E. D. No	1 :	RIZED AGENT FOR OV S SIGNS:	VNER OF								
1	A No.	Name of Age		RY & SON								
- C	Previous use 122572	1 1	igent 1363 Wisc. Ave.									
3	A Services and Little Services	Name of Ow		161. 140.4.00-0040	.							
323. /	No	of Busines	•		. }							
d.	More of Less Units	Signature of (in ink	Agent By Act 100									
K	APPROVED:	RESERVED FOR	APPROVALS		,							
	P.S. Aware R	Date 1/2/13		BUANCE OF PERMIT	nænt C	15¢						

Date - A.

Elec.

# Government of the District of Columbia Department of Consumer and Regulatory Affairs



1100 4th Street SW Washington DC 20024 (202) 442 - 4400 dcra.dc.gov



#### **CERTIFICATE OF OCCUPANCY**

PERMIT NO. CO1700138

Issued Date: 10/17/2016

Address: 1934 35TH PL NW			Zone:	Ward:	Square:	Suffix:	Lot:	
		R-20	2	1296		0312		
Description of Occupancy:								
FLAT (TWO FAMILY DWELLING)								
Permission Is Hereby Granted To:	Trading As:		Floor(s) Occupied	Occupant Load: 2 No. of Seats				
STEPHANIE A. AJELLO			1ST & 2ND					
Property Owner:	roperty Owner:  TEPHANIE A. AJELLO  Address:  1934 35TH PL NW  WASHINGTON, DC 20007-2254		BZA/PUD Number:	Occupied Sq. Footage:				
EPHANIE A. AJELLO				1	1216			
				F	PERMIT FEE: \$82.50			
Building Permit Number (if	Type of Application: Ownership Change	Approved Building Co	uilding Code Use:					
applicable)	Ownership Change	Approved Zoning Code Use: Flat, [ two-family dwelling]						
		Approved Zoning Ge	General Use: Residential					
Conditions/ Restrictions:								
THIS CERTIFICATE MUST ALWAYS BE CONSPICU DCMR Title 11 (Zoning) and Title 12 (Construction).	OUSLY DISPLAYED AT THE ADDRE	SS MAIN ENTRANCE, EXCER	T PLACES OF RELIGIOUS ASSI	EMBLY. UM	a complies wi	th		
As a condition precedent to the in- maintain the use authorized here	ssuance of this Certificate by in accordance with th	•				-		
accordance with all applicable laws	and regulations of the D	Istrict of Columbia. 1	The District of Columbi	a has t	he right	to enter	upon the	
property and to inspect all spaces ensure compliance with all the applicable req		-	and to require any c	nangos '	winion may	у во пес	rssary to	
Director:	Permit C		Expiration D	ate:				
الملع Melinda Bolling	to Bolling John Mo	Farland n1, mut m	kend					
10/17/2016 TO REPORT W	ASTE, FRAUD OR ABUSE BY ANY DC GO	OVERNMENT OFFICIAL CALL TH	E OC INSPECTOR GENERAL AT 1.6	00-521-1539				





Date: October 17, 2016

Invoice Number: 2229998

#### **Department of Consumer and Regulatory Affairs**

Remittance Source Document

Permit Operations Division 1100 4th Street SW Washington DC 20024

Tel. (202) 442 - 4589

INVOICE

Fax (202) 442 - 4862 Date:

OFFICE OF FINANCE AND TREASURY

10/17/2016 1:09 FM

WFE02-94S0 DCRA Term: Office: Batch Date 10/17/2016 45409 **Batch:** 

OFT67 Cashier:

Trans #: 42

DEPARTMENT OF CONSUMER & Ropt: 02079900

Comment/Document: C01700138

Provent Total:

Payment Distribution:

\$82.50 2106 CRO (3013) 10001-ops50

\$87,50

MC Tendered: \$82.50

**Customer:** 

STEPHANIE A. AJELLO

Mailing Address:

1934 35TH PL NW

**WASHINGTON, DC 20007-2254** 

Address of Work:

1934 35TH PL NW

**WASHINGTON, DC 20007** 

Permit:

CO1700138

Type of Permit:

**Certificate of Occupancy** 

**Acct Code:** 

Fees:

Description:

3013-3013-1000-2106

\$3.30

Enhanced Service Fee - Filing Fee

3013-3013-1000-2106

\$4.20

Enhanced Service Fee - C of O

3013-3013-1000-2106

\$33.00

Certificate of Occupancy Filing Fee

3013-3013-1000-2106

\$42.00

Certificate of Occupancy Permit Fee (Enter Sq. Footage)

Invoice Total:

\$82.50

Emesto Warren